

10/590621
IAP9 Rec'd PCT/PTO 24 AUG 2006

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:: No

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: BIOCOMPATIBLE POLYMERIC DELIVERY SYSTEMS FOR
SUSTAINED RELEASE OF QUINAZOLINONES

Attorney Docket Number:: COL-002

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 16

Small Entity?:: Yes

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israel

Status:: Full Capacity

Given Name:: Shlomo

Middle Name::

Family Name:: Magdassi
Name Suffix::
City of Residence:: Jerusalem
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 36 Hanerd Street
City of Mailing Address:: Jerusalem
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 96626

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Daniel
Middle Name::
Family Name:: Cohn
Name Suffix::
City of Residence:: Jerusalem
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 1 Motskin Street
City of Mailing Address:: Jerusalem
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 96551

Correspondence Information

Correspondence Customer Number:: 44966

Representative Information

Representative Customer Number:: 44966

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Claiming the benefit under 35 USC 119(e)		

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
PCT	PCT/IL2004/000189	02/25/04	Yes

Assignee Information

Assignee Name::

Street of Mailing Address:

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::